



# Application for Leave of Absence during Term Time

**PARENTS AND CARERS TO COMPLETE SECTIONS A AND B. PLEASE RETURN TO THE SCHOOL OFFICE VIA THE PREFERRED METHOD OF EMAIL. SCHOOL WILL CONTACT YOU TO DISCUSS THE APPLICATION.**

Section A. Pupil Details	
Child's Name	
Date of Birth	
Address	
Class	
School	<b>Cockton Hill Junior School</b>

Section B. Leave of Absence Request Details	
Date of the 1 <sup>st</sup> day of absence from school	
Date of the day of return to school	
No. of days you child will be absent from school	
What are the <u>exceptional circumstances</u> for your leave of absence request that you wish the school to consider?	
Name of Mother (print <b>FULL</b> name)	
Address of Mother	
DOB of Mother	
Signature of Mother:	
Date signed by Mother	
Name of Father (print <b>FULL</b> name)	
Address of Father	
DOB of Father	
Signature of Father	
Date signed by Father	

C. For School Use Only		
Current attendance %		
Previous LOA this academic year		
Does the LOA request time coincide with SATS / other examination periods		
Any mitigating / aggravating circumstances (Including any ongoing medical issues)		
Is the LOA approved?	<b>YES</b>	<b>NO</b>
If <b>YES</b> - Number of days to be authorised for this LOA application		
Signature of Head Teacher /Deputy Head Teacher :		Date:
Register Code to be used for this LOA:		
Signed Parent/carer		
Signed Parent/carer		